OFFICE OF JUVENILE JUSTICE REQUEST FOR TEMPORARY REMOVAL OF STATE MOVEABLE PROPERTY

Agency Number.		
Instructions: Fill in the necessary information ABOVE THE DOTTED LINE. Acquire necessary Agency Head signature. This form should then be forwarded to the Agency Property Control Manager for review and approval. Once approved, original will be retained in Property Control Office. A copy of this form must be attached to the inventory printout in the event of an audit. When the equipment is returned, sign at the bottom of the page in spaces provided BELOW THE DOTTED LINE.		
I request to be allowed to remove state moveable property from its current operating location(s) and I understand I shall be responsible for the equipment while in my care. I also certify the said property will be utilized for agency related business only. (Examples of state moveable property includes but is not limited to weapon, vest, laptop and electronic device, cell phone, etc.)		
PRINT NAME	SIGNATURE	
Date RequiredEstimated Date of Return		
Reason(s)		
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	Property Control Tag #	Requested Location
	Property Control Tag #	Requested Location
Item/Description UNIT/SECTION HEAD: PROPERTY CONTROL MANAGE	Property Control Tag #	Requested Location DateDate
Item/Description UNIT/SECTION HEAD:	Property Control Tag #	Requested Location DateDate
UNIT/SECTION HEAD:PROPERTY CONTROL MANAGE	Property Control Tag # GER:	Date